



Testimony in support of LD 820

An Act to Prevent Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine

Senator Sanborn, Representative Tepler and members of the Joint Standing Committee on Health Care and Insurance and Financial Services, my name is Nicole Clegg and I pleased to submit testimony in support of this legislation on behalf of Planned Parenthood of Northern New England.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 12,000 people in Maine at four health centers located in Biddeford, Portland, Sanford and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, and cancer screenings as well as a variety of primary care services. We are also one of three publicly available nonprofit providers offering abortion services to the people of Maine.

We see everyone who comes to us regardless of ability to pay, and last year, we provided more than \$4 million in free and discounted care to our patients. For many, we are their only access to the health care system. As a mission driven health care provider, we fundamentally believe everyone should be able to get affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality.

The intention of LD 820 is to remove barriers to decision making about a pregnancy that currently exist for insurance coverage. Abortion has been a safe and protected medical procedure for more than forty years when the US Supreme Court issued its decision in *Roe v. Wade*, which determined that people have a constitution right to make decisions about a pregnancy and abortion. Maine also has a long history of protecting the right to an abortion and codified this right in law nearly thirty years ago. Since then, the legislature has been clear, the decisions about a pregnancy are best left to the person and her medical provider. The government's role is to protect this right and not restrict or interfere with it.

While the right is protected on the lawbooks, the reality is that denying insurance coverage, especially for those people with low-incomes means that it's not a right in practice. When it comes to the most important decisions in life, such as whether to become a parent, it is vital that a woman is able to consider all the options available to her, however little she earns or however she is insured. It's not the place of the state or insurance companies to decide for someone else whether she should get an abortion. Yet when the state and insurance

companies elect to cover one option and deny the other, that's exactly what is happening. The right to make these decisions personally, privately, in the interest of one's health is taken away.

Despite the polarizing rhetoric you may hear today, voters are in large agreement about abortion care.¹ When asked what the experience should be like for a woman who has decided to have an abortion, the overwhelming majority want women to be supported by loved ones (88%) and treated with dignity (86%). Voters don't want women forced to walk through protestors (83%), nor do they want women to face additional burdens in accessing care (81%). Two-thirds of voters say it should be covered by her insurance. More than 8 in 10 say that care should be affordable, available in her community and without delays.² LD 820 takes us one step closer to helping insure that this is the experience a woman has when making the decision to end a pregnancy.

By requiring coverage of legal abortion for public (MaineCare) and private insurance if the plan covers prenatal care, the bill would remove a significant barrier to exercising the rights Maine lawmakers have said are fundamental to a person's ability to self-determine.

Since the adoption of the Hyde Amendment in 1976, Maine's Medicaid program has followed Congress and restricted access to abortion for poor women including denying women coverage for medically necessary abortions that would protect her health. States can, however, ensure coverage of abortion for people with Medicaid, which 15 already do. Another eight provide expanded coverage. More than half the country's Medicaid insured population are afforded broader coverage of abortion than those living in Maine. Maine has thus far denied coverage for abortion under Medicaid and, under the LePage administration, went further by denying access to birth control and other preventive health services if that care was provided on the same day as an abortion. This added restriction makes it harder for people to control their reproductive health and avoid an unintended pregnancy.

The consequences of this restriction are real and severe. Maine's poorest must pay out-of-pocket for a service commonly covered by private insurance. They are also more likely to bear the hardship of transportation costs, childcare, loss of pay as well as struggle to reach one of three nonprofit abortion providers in the state. Women in Maine routinely travel several hours one way to access care.

This hardship is exemplified by the fact that one in four Medicaid-qualified women who seek an abortion is forced to carry her pregnancy to term because of cost.³ Women who are forced

¹ Only 16% of Maine voters want to see abortion made illegal.

<https://www.plannedparenthoodaction.org/pressroom/new-survey-finds-majority-of-voters-in-maine-alaska-do-not-want-to-see-roe-v-wade-overturned>

² <https://view.publitas.com/perryundem-research-communication/perryundem-report-on-public-opinion-toward-abortion/page/22>

³ <https://www.ansirh.org/research/turnaway-study#results>

to carry an unwanted pregnancy to term are three times more likely to fall into poverty within two years. Many more are forced to delay their procedure for as long as two to three weeks while they raise money, with the costs and risks of the procedure increasing the longer they wait.

Research has also found that denying women access to abortion when she has determined it is the right decision is not only tied to poverty, but it also leads to greater risks of complications in pregnancy and poorer health outcomes. It also is connected to violence as women become tethered to abusive partners.

Poor women face significant disparities when it comes to reproductive health. Compared with higher-income women, poor women's rates of unintended pregnancy and abortion are each five times as high, and their unplanned birth rate is six times as high. These disparities are rooted in deeply entrenched inequities in the areas of health-insurance coverage, health care, and medically accurate sex education, as well as other health-promoting resources. Lifting the restriction in abortion coverage could dramatically improve the lives of low-income people and help them attain their life goals and escape poverty.

While a number of insurance providers cover abortion in Maine (Anthem, BlueCross, Harvard Pilgrim, Cigna, United Health Care, Maine Community Health Options, and the Maine State Employees Plan), many plans do not - **even in the extreme circumstances of sexual assault and life endangerment**. No mandate exists for insurance and decisions regarding coverage can be arbitrary and cruel further traumatizing a woman. The overwhelming majority of Mainers believe that women should have coverage for abortion when her life or health is at risk. LD 820 would be a step toward eliminating this disparity, especially in the instances of health and pregnancy complications.

The bill was carefully drafted to include exemptions for religious employers consistent with current Maine law and language to allow for exemptions to protect federal funds.

As you evaluate this legislation, I urge you to consider the consequences of not acting and what these restrictions mean for women and their families. LD 820 would give the rights back to people who lose them because coverage is denied. It would restore the dignity lost for many.

Thank you.